

**South Carolina Office of Regulatory Staff  
Transportation Department  
Post Office Box 11263  
Columbia, South Carolina 29211  
(803) 737 - 0800**

DATE: \_\_\_\_\_

Please consider this as my request for **Address Change** of Class \_\_\_\_\_ Certificate of Public Convenience and Necessity No. \_\_\_\_\_.

**Please change Address:**

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)